

## Nomination Form

**To,  
The Depository Participant Name  
Address**

Dear Sir/ Madam,

I/We wish to make a nomination and do here by nominate the following person(s) who shall receive all the Assets held in my/our account, in the event of the death of my death/our death.

| BO Account Details              |  |  |  |  |  |  |  |  |  |           |  |  |  |  |
|---------------------------------|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|
| DP ID                           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |
| Name of the Sole / First Holder |  |  |  |  |  |  |  |  |  | Client ID |  |  |  |  |
| Name of Second Holder           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |
| Name of Third Holder            |  |  |  |  |  |  |  |  |  |           |  |  |  |  |

### Mandatory details

| Nomination Details   | Nominee 1               | Nominee 2               | Nominee 3               |
|--|-------------------------|-------------------------|-------------------------|
| Nominee Name :<br>*First Name:<br>Middle Name:<br>*Last Name   | .....<br>.....<br>..... | .....<br>.....<br>..... | .....<br>.....<br>..... |
| *Percentage of allocation of securities:<br><input type="checkbox"/><br>Equally<br>[If not equally, please specify percentage]<br><br><b>Or</b><br><input type="checkbox"/><br>Share of each Nominee | %                       | %                       | %                       |
| <i>Any odd lot after division shall be transferred to the first nominee mentioned in the form</i>  |                         |                         |                         |
| *Relationship with the BO:   |                         |                         |                         |
| * Date of birth and Name of Guardian to be provided in case of minor nominee (s)   |                         |                         |                         |
| <b>Non-mandatory details</b>   |                         |                         |                         |
| *Address of Nominee (s) / Guardian in case of Minor:   |                         |                         |                         |
| *City/Place :  |                         |                         |                         |
| *State & Country:  |                         |                         |                         |
| *Pin Code:   |                         |                         |                         |
| Mobile no. / Telephone No of the Nominee (s) /Guardian in case of  |                         |                         |                         |

|  |  |  |  |
|--|--|--|--|
| <b>Minor :</b>   |  |  |  |
| Email ID of the nominee (s) / Guardian in case of minor:   |  |  |  |
| Nominee/Guardian (in case of minor) Identification Details – [Please tick any one of following and provide details of same]  |  |  |  |
| <input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN<br><input type="checkbox"/> Aadhaar<br><input type="checkbox"/> Saving Bank account no.<br><input type="checkbox"/> Proof of Identity<br><input type="checkbox"/> Demat Account ID |  |  |  |

**Note :** Residual securities: in case of multiple nominees, remaining after distribution of securities as per percentage of allocation, shall be transferred to the first nominee.

**\* Marked is Mandatory field**

